



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

Thomas G. Gatzunis, P.E.
Commissioner

The Commonwealth of Massachusetts

Department of Public Safety

State Boxing Commission

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200 Ext. 25257

Fax (617) 727-5732

Nicholas Manzello
Chairman

Bernard Doherty
Commissioner

Gary Litchfield
Commissioner

INSTRUCTIONS FOR COMPLETING APPLICATION FOR BOXER'S LICENSE

This signed form must be included with your application materials. The \$20 application fee must accompany the application.

Please make the check payable to the "COMMONWEALTH OF MASSACHUSETTS", and mail it to:

State Boxing Commission
One Ashburton Place, Room 1301
Boston, MA 02108-1618

1. **PLEASE FILL OUT THE APPLICATION COMPLETELY. IF THE APPLICATION IS NOT FILLED OUT COMPLETELY, IT WILL BE RETURNED TO YOU.**
2. **PRINT CLEARLY AND LEGIBLY. NO PENCILS.**
3. **ALL OF THE FOLLOWING ITEMS MUST ACCOMPANY YOUR APPLICATION:**



Two color photographs for each license of the applicant, **1 inch square in size.**



Copy of birth certificate.



2 Photo Identification with Signature.



Copy of EKG Exam from a licensed physician no more than ten (10) days old at time of application or renewal.



Copy of Ophthalmological exam from a licensed physician no more than ten (10) days old at time of application or renewal.



Copy of **Negative** HIV test results from a licensed physician no more than ten (10) days old at time of application or renewal.



\$20 application fee

NOTE: IF YOUR APPLICATION IS INCOMPLETE OR ILLEGIBLE IT WILL BE RETURNED TO YOU ALONG WITH YOUR CHECK AND YOU WILL NOT RECEIVE YOUR LICENSE. PURSUANT TO G.L. c. 147, SECTION 35, "NO PERSON SHALL ACT, EXCEPT IN THE CASE OF A PURELY AMATEUR MATCH OR EXHIBITION, DIRECTLY OR INDIRECTLY, AS PHYSICIAN, REFEREE, JUDGE, TIMEKEEPER, PROFESSIONAL BOXER OR AS MANAGER, TRAINER OR SECOND OF SUCH A BOXER, AT A BOXING OR SPARRING MATCH OR EXHIBITION, OR AS A MATCHMAKER THEREFOR, UNLESS LICENSED BY THE COMMISSION"

I UNDERSTAND AND AGREE TO THE ABOVE TERMS.

SIGNATURE OF APPLICANT

DATE



The Commonwealth of Massachusetts
Executive Office of Public Safety
State Boxing Commission

FOR ADMINISTRATION USE ONLY!
DO NOT WRITE IN THIS AREA!

FEE: \$ 20.00

This License was granted:
Date: _____
Expires: _____
License No: _____

APPLICATION FOR LICENSE AS A BOXER

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 147, GENERAL LAWS, AND RULES AND REGULATIONS OF THE
MASSACHUSETTS STATE BOXING COMMISSION

DATE _____, 19_____

I hereby make application for a license to act as a professional boxer at boxing, sparring matches or exhibitions

(Please Print With Ball Point Pen)

Name		Assumed or "Ring" Name	
Address		Telephone No. ()	
City	State	Zip	Country

DATE OF BIRTH: Mon. _____ Day _____ Yr. _____ PLACE BORN: City _____ State _____ Country _____

HEIGHT: _____ ft. _____ in. WEIGHT: _____ lbs. COLOR EYES: _____ HAIR: _____

COMPLEXION: _____ DISTINGUISHING MARKS: _____

OCCUPATION: _____ EMPLOYER: _____

EMPLOYER ADDRESS: _____ TELEPHONE NO. () _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

Have you ever held a License to Box in Massachusetts? YES NO

Have you ever been a licensed Boxer in other states? YES NO

Which? _____

Amateur Record: W _____ L _____ Years 19 _____ to 19 _____

Pro Record: W _____ L _____ Years 19 _____ to 19 _____

Have you ever been convicted of a felony in the past ten (10) years? YES NO If YES, please provide details:
Date Offense Court Disposition

Have you ever been convicted of a misdemeanor in the past five (5) years? YES NO If YES, please provide details:
Date Offense Court Disposition

A TRUE STATEMENT MADE UNDER THE PENALTIES OF PERJURY

* Signature of Applicant _____

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties that I, to my best knowledge and behalf, have filed all state returns and paid all state taxes required under law.

_____	_____
** Social Security	* Signature of Individual or Corporate Name
_____	By: _____
Federal Identification Number	Corporate Officer (If Applicable)

- * This license will not be issued unless this certification clause is signed by the applicant.

- ** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of M.G.L. c. 620 section 49A.